
AUTOMATIC PAYMENT AUTHORIZATION FORM



NOTE: Check with your payee to make certain no other information or specific form is necessary to complete the change of your automatic payment to your new bank account or credit/debit card account. If this form is acceptable, complete the information below and provide it to your payee.

Company Name _____

Company Address _____

City _____ State _____ Zip _____

Account number with company _____

PLEASE CHANGE THE ACCOUNT USED FOR AUTOMATIC PAYMENT TO MY NEW BANK ACCOUNT:

Last Name _____ First name _____ Middle Initial _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Last 4 of Social Security # _____

MY NEW ACCOUNT INFORMATION:

Account Type: Checking Savings

Account Number _____ Routing Number 111911156

OR

Card Type: Debit Card Credit Card

Card number _____ Expiration Date _____

I hereby authorize _____ (payee/company name) to initiate payments from my Alliance Bank Central Texas account indicated above and to make any necessary adjustments for any debit made to my account in error. This authority shall remain in effect until I have given written notice to terminate this service.

Signature _____ Date _____